



PATIENT

Lucy Sutherland

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

10 years

WEIGHT

9.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jaime Uren

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Uren

INVOICE

71195

DATE

2/3/26

PRESENTING CLINICAL SIGNS

- Pt initially presented yesterday (2/2) for anorexia for 2 days + 3 episodes of vomiting on 2/2. Bloodwork was relatively unremarkable. Pt was treated w/ SQ fluids and cerenia. Has not vomited again and does seem interested in food, but is not eating. Pt's abdomen is soft but she does vocalize when palpating abdomen (although a bit grumbly throughout exam so difficult to tell if discomfort vs temperant).
- Rad report from rads taken today:
- Mineral opaque colonic foreign material. With the inappetence and vomiting, foreign material should be considered for the small intestinal soft tissue.
- There is no evidence of a GI obstruction at this time. This does not rule out a partial obstruction.
- Gastroenteritis, pancreatitis, inflammatory bowel disease or exocrine pancreatic insufficiency could explain the patient's clinical signs.
- Small liver. Differentials are normal variation or chronic cholangiohepatitis.
- The small size of the heart may be normal for this patient. Also consider hypovolemia.
- Labwork abnormalities 2/2/26: NEU 1.75 K/ μ L LOW EOS 0.07 K/ μ LLOW PLT 106 K/ μ L LOW chem unremarkable creatinine 1.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.25 cm. The right kidney measured 3.46 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.4 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** revealed variable intestinal wall thickening with luminal stasis. Chronic mucosal remodeling was noted in portions of the small intestine. The mesenteric lymph nodes were reactive.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Subacute on chronic inflammatory bowel presentation.

Reactive mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the accessible mesenteric lymph nodes, cytology and culture is indicated. Sampling of the lymph nodes is recommended or full thickness surgical lymph node biopsies would be warranted. There was no evidence of foreign bodies. Some retention of ingesta or hair accumulation is noted in the stomach. Medical management should prove effective.



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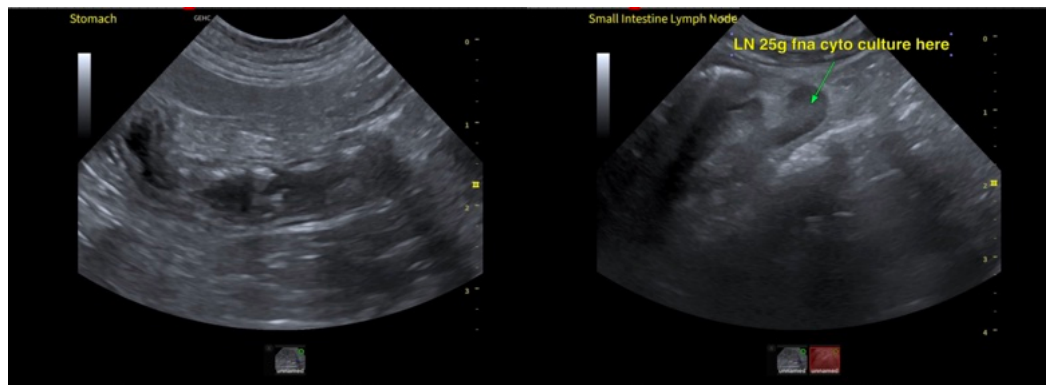
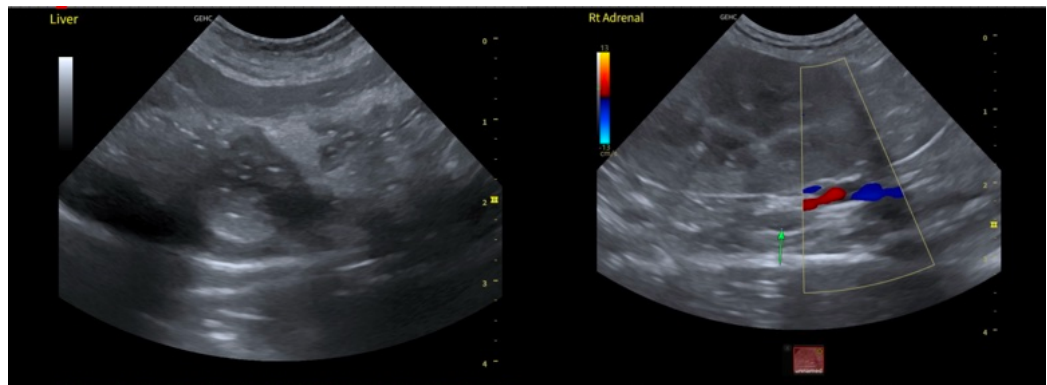
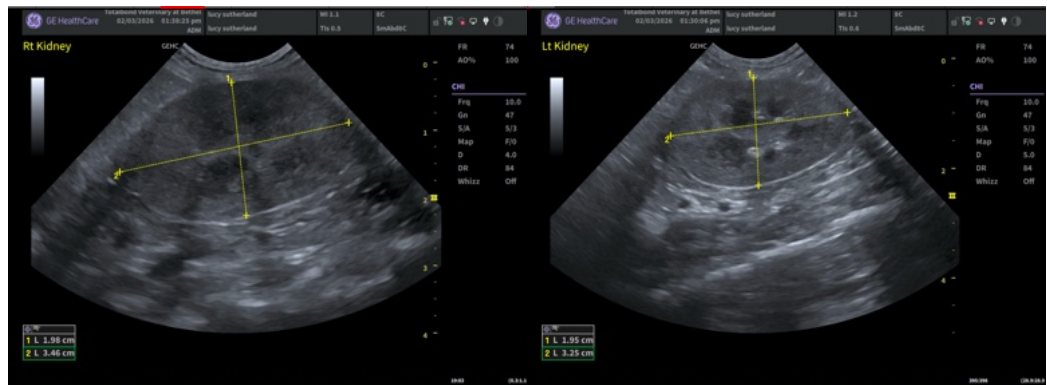
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com